



Canal Winchester Municipal Pool

180 Groveport Road
Canal Winchester, OH 43110
(614) 837-4004

Membership is for the 2011 Swim Season

Dates of Operation:

June 4, 2011 through Sept. 4, 2011

Hours of Operation:

June 4 – Aug. 23:

Noon to 8 p.m., Daily

Aug. 24 – Sept. 4:

4 p.m. to 8 p.m., Monday – Friday

Noon to 8 p.m., Saturday and Sunday

Pool Closing Dates/Times:

June 15, 3:45 p.m. to 8 p.m. (pool will be open noon to 3:45 p.m.)

June 29, 3:45 p.m. to 8 p.m. (pool will be open noon to 3:45 p.m.)

July 6, 3:45 p.m. to 8 p.m. (pool will be open noon to 3:45 p.m.)

July 11, 3:45 p.m. to 8 p.m. (pool will be open noon to 3:45 p.m.)

July 21, noon to 8 p.m. (pool will be closed entire day)

The above closings are for league swim meets. The City of Canal Winchester and the pool management staff reserve the right to close the pool at other times without refund for reasons they deem necessary. This includes inclement weather and maintenance-related reasons. When possible, any closing dates and times will be posted in advance.

Canal Winchester Municipal Pool Membership Application

MEMBERSHIP TYPE: (circle one please)	Family In \$180	Family Out \$220	Individual In \$100	Individual Out \$115
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PLEASE PRINT

Membership Last Name _____

Address _____

Street
City

Home Phone () _____ Emergency Phone () _____

Memberships are limited to residents of the City of Canal Winchester and the Canal Winchester School District. Please list all family members that will be issued a membership card. Please note: A family membership is limited to 4 people and includes parent(s) or legal guardian(s) and their children (18 years and younger) residing at the same household. There is an additional \$5.00 charge for each additional family member within the same household. Babysitters cannot be included on a family membership.

	<i>CARDHOLDER'S NAME</i>	<i>AGE</i>	<i>GENDER</i>	<i>TOTAL</i>	<i>PICTURE #</i>
<i>Adult</i>				<i>\$0</i>	
<i>Adult</i>				<i>\$0</i>	
<i>Child</i>				<i>\$0</i>	
<i>Child</i>				<i>\$0</i>	
<i>Child</i>				<i>\$5</i>	
<i>Child</i>				<i>\$5</i>	
<i>Child</i>				<i>\$5</i>	

CANAL WINCHESTER MUNICIPAL MEMBERSHIP AGREEMENT

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT **FEES PAID FOR POOL MEMBERSHIP ARE NONREFUNDABLE AND THAT FALSE INFORMATION DELIBERATELY FURNISHED ON THIS FORM WILL RESULT IN CANCELLATION OF THE MEMBERSHIP.**

Member Signature: _____ Date: _____

Emergency Medical Information

Please list all applicants' names and any medical conditions or drug allergies that they may have that would be useful in an emergency situation.

Name	Medical/Allergies

FOR OFFICE USE ONLY

Payment: Cash/Receipt # _____ or Check # _____

Residency Authorization/Form of Proof: DL Utility Other _____

Received by _____